

**PHYSICAL THERAPY BOARD OF CALIFORNIA**

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204

TELEPHONE (916) 561-8200 FAX (916) 263-2560

INTERNET <http://www.ptb.ca.gov>

## Applicants Only

# Name/Address Change Form

In order to process your request, please complete this form and return it to the above address. **ALL INCOMPLETE FORMS WILL BE RETURNED.**

Type of Application on File: ☐ PT ☐ PTA

**Section 1. Request for Name Change.**

The Physical Therapy Board may recognize a name change if that name is not his/her adopted name for all purposes and if the change is not made for fraudulent purposes.

I \_\_\_\_\_ have assumed the following name of

\_\_\_\_\_ based on the following:

First Name                      Middle Name                      Last Name

(Select One)

☐ Marriage

☐ Dissolution of Marriage

☐ Other: \_\_\_\_\_

(Over)

**Section 2. Address & Information Update.** (A wallet certificate will not be automatically issued by changing your address. To receive a new wallet certificate you will need to submit the required fee.)

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

First Name                      Middle Name                      Last Name

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Old Address: \_\_\_\_\_

Street Address                      City                      County                      State                      Zip Code

Residence Address: \_\_\_\_\_

(PO Box Not Acceptable) Street Address                      City                      County                      State                      Zip Code

Mailing Address of Record:

(If different than above) Street Address                      City                      County                      State                      Zip Code

Date Address of Record Changed

(Not the date submitted to the PTBC)

\_\_\_\_\_  
Month/Date/Year

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)